# 12000304909

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
( )	,	
(City	//State/Zip/Phone	: #)
PICK-UP	☐ WAIT	☐ MAIL
☐ FICK-OF	☐ <b>₩</b>	☐ MINIC
/Bus	siness Entity Nan	ne)
1000	Sine 35 Entity (Val)	ic,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		:
		<u>.</u>
<del></del>	·	

Office Use Only



200355974732

12/07/20--01009--010 \*\*25.00

TITLE C

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Luis Piamba LLC				
·	-			
· · · · · · · · · · · · · · · · · · ·				
				Art of Inc. File
			<del></del>	LTD Partnership File
				Foreign Corp. File
			********	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<del></del>	Corp Record Search
				Officer Search
				Fictitious Search
Signature		<del></del>		Fictitious Owner Search
3			<u></u>	Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Truitle	Date	ime		UCC 11 Retrieval
Walk-In 114 Pender's Printing - Thom seville GA &	-			Courier

## **COVER LETTER**

· TO:

	gistration Se vision of Co				
SUBJECT:	Luis Piamb				
SOBJECT.		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please returi	n all correspo	ondence concerning this matter	to the following:		
		Luis Piamba			
		<del></del>	Name of Person	<del></del>	
		Luis Piamba LLC			
			Firm/Company	<del></del>	
		5666 Seminole Blvd Ste 1	00		
			Address	<del></del>	
		Seminole, FL 33772			
			City/State and Zip Code		
		luis.piamba@kw.com			
For further i	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	dification)	
Luis Piamba		- ,	727 543-0141		
	Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Address gistration S		Street Address: Registration S	ection	
Div	vision of C	orporations	Division of Corporations		
	). Box 632		The Centre of		
ıaı	lahassee, F	TU 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luis Piamba LLC		
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	
(15 COSTAGE EMILIE	d Datomy Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>09/28/2020</u>	and assigned
Florida document number L20000304909		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Luis Angel Piamba LLC		
The new name must be distinguishable and contain the words "Limited Lie	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		700
		111
B. If amending the registered agent and/or registered offic	e address on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
		22
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
***************************************	City	Zin Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□ Change
		<del> </del>	□Add
			□Remove
		<del> </del>	Change
<del></del>			□Add
			□Remove
			Change
			□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change

# Page 2 of 3

					<u> </u>	<del></del>
·		<del></del>		<del></del>		
			<del></del>	<u>.</u>		
	<del></del>					
			· <del>-</del>			<del></del>
<del></del>		<u> </u>				
	· ·					
<del></del> -						
	<del></del>	<del></del>		<del></del>		
			-			
		-	-		<u>.</u>	
	_					
-						
Effective date, if other than the fan effective date is listed, the date in	he date of filin nust be specific and	g:	to date of filing	or more than 90	(optional)	Pursuant to 605 0207
Note: If the date inserted in this	block does not r	meet the applic	able statutory	filing requirem	ents, this date v	vill not be listed as
document's effective date on the	Department of S	state's records.				
ne record concilios a dolar	ad offortiva	data b	+		12.01	
ne record specifies a delay The 90th day after the re	ed effective t ecord is filed.	Jate, but no	t an effectiv	e time, at .	ız:uı a.m. o	n the earlier of
Dated December 7		20202				
December 7		. 20202	<u></u> .			
December 7	Const	•	······································			
December 7	Signature of a	20202 member or author	orized representa	ative of a memb	:r	

Page 3 of 3

Filing Fee: \$25.00